MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02898

Reg. Dist. No. 242

1. PLACE OF DEATH:

County 5906 L St., N. E.

City or town Fairmont Heights, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Pr. Geo.

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 5906 L St. N. E
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Porter Appling

3. (b) Social Security Number

4. Sex Male

5. Color or race Negro

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Deceased

6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ~~Unknown~~ ABT 1886

8. AGE: Years 63 Months Days If less than one day hrs. min.

9. Birthplace Lincoln, Georgia
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Damon Appling
13. Birthplace Lincoln, Georgia

MOTHER
14. Maiden name Emmie Boyd
15. Birthplace Lincoln, Georgia

16. Informant Rev. Murden Appling

Address 5906 L St., N. E.

17. Burial Date thereof March 1949
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Lincoln

Location Lincoln Georgia

18. Funeral director John T. Rhines Co.

Address 901 -3rd St., S. W. Washington, D.C.

19. Mar. 19 1949 Edna F. Collins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 18th 1949, at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947, to March 18th 1949, and that I last saw him alive on March 18th 1949.

Immediate cause of death Coronary Occlusion

Secondary cause of death Arteriosclerosis of Coronary vessels

Due to Calcification of Coronary vessels

Due to

Other conditions Nephritis

420.1
94a (Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE H D Desmukes, M.D.
M. D. or other

Address 567 24th St. N.E. Date signed 8/18/49

RECEIVED
MAR 26 1949
BUREAU V. S.

1949
'03
1886

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02899

EVIDENCE FOR CHANGE OF # 7+8 13 ON:
FIRM # G119 - 3-14-49

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince George

City or town Hyattsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred: Mother Jones Rest Home

How long in hospital or institution? 8 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Prince Geo.

City or town Suitland
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Henrietta Arnold

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fem	White	Widow

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 11, ~~1884~~ 1865

8. AGE:

Years	Months	Days	If less than one day
83 ~~95~~	2	14	hrs. min.

9. Birthplace Prince Geo. County Md.
(Town, county, and state)

10. Usual occupation Seamstress.

11. Industry or business

FATHER
12. Name Harry Lusby.
13. Birthplace Maryland.

MOTHER
14. Maiden name Louisa Rosedda
15. Birthplace Wash. D.C.

16. Informant Lillie Mae Burgess
Address Mother Jones Rest Home Hyattsville Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof March 7 1949
(month) (day) (year)

Cemetery or crematory Fort Lincoln County

Location Colman Manor Md

18. Funeral director W. W. Chambers Co.

Address 517-11th St. S. E.

19. March 5 1949 James Severy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/5 1949 at 10 30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/2/1947 to 3/5/1949

and that I last saw her alive on 2/23/1949

Immediate cause of death	DURATION
Chr. Deg. Neg. & cardiac - Decompensated	15 mo. 10 days
Due to	
Due to	
Other condition 422.1 93d Lever Gen Arteriosclerosis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Howard Morse Mrs M. D. or other

Address 2 Marvell Ave Takoma Park Md Date signed 3/5/49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 8 1949
BUREAU V. S.

02900

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 47 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bradbury Heights
STREET ADDRESS (If rural give location) 5105 T St. S.E.

3. NAME OF DECEASED (Type or Print) (First) Mabel (Middle) H. (Last) Barker
4. DATE OF DEATH (Month) 3 (Day) 16 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Mar 10, 1887
9. AGE last birthday 62 yrs. If under 1 year Months Days 6 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT James Barker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

175 Immediate cause (a) Carcinoma of ovary with metastases — 10 years

Antecedent cause(s)

49a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 15, 1939, to March 16, 1949, that I last saw the deceased alive on March 16, 1949, and that death occurred at 1 15/a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Brannin MD — ADDRESS 6124 Central Ave Capitol Hgts, Md — DATE SIGNED 3/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE March 16 1949 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 3/16/49 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. Frank Joy — ADDRESS 510-C St NE 741

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 18 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02901

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVERDALE
LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS LELAND MEMORIAL HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 514 ALFRED DRIVE
STREET ADDRESS (If rural give location) SILVER SPRING, Md.

3. NAME OF DECEASED (Type or Print) (First) ANITA (Middle) GEORGEANNA (Last) BEAULIEU

4. DATE OF DEATH (Month) MAR (Day) 13, (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH 12/14/47
9. AGE last birthday 1 yr 2 mos 26 Days yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) TAKOMA PARK, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME JOHN AUGUSTIN BEAULIEU
14. MOTHER'S MAIDEN NAME INGRID LILLY KRISTINE LINDQUIST

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT JOHN AUGUSTIN BEAULIEU

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Endocarditis Mitral - Subacuti Etio. unknown.

410.0

Antecedent cause(s)

92b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Edema.

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1949, to 3/13/, 1949, that I last saw the deceased alive on 3/13/, 1949, and that death occurred at 5 A. m., from the causes and on the date stated above.

SIGNATURE Howard T Moore Md (Degree or title) 28 Carroll Ave ADDRESS Takoma Park Md DATE SIGNED 3/13/49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE 3/15/49
NAME OF CEMETERY OR CREMATORY GEORGE WASHINGTON MEMORIAL
LOCATION (City, town, or county) HYATTSVILLE (RFD) (State) Md.

DATE REC'D BY LOCAL REG. 3/13/49
REGISTRAR'S SIGNATURE James Severe
24. FUNERAL DIRECTOR Arthur S Walters ADDRESS 254 Carroll St. N.W., Takoma Park, D.C.

RECEIVED
MAR 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02902

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Prince Georges' Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale, (rural)
LENGTH OF STAY (in this place): 6 mo's, 20 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1706- You St., N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) LONNIE (Middle) (Last) BELL

4. DATE OF DEATH: (Month) MAR. (Day) 12 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Feb. 15, 1919

9. AGE last birthday: 30 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter in office Bldg.

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Wendsborrow, So. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur Bell

14. MOTHER'S MAIDEN NAME: Nellie Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: 244-12-4115

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 7 mo.

130 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 20, 1948, to MAR. 12, 1949, that I last saw the deceased alive on MAR. 12, 1949, and that death occurred at 5:45 A.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) M.D. ADDRESS: Glenn Dale, Md. DATE SIGNED: 3/12/49

23. BURIAL, CREMATION, REMOVAL (Specify): to Washington D.C. DATE: 3-12-49 NAME OF CEMETERY OR CREMATORY: LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 3/12/49 REGISTRAR'S SIGNATURE: Rowland S. Phillips

24. FUNERAL DIRECTOR: James T. Sutton ADDRESS: 51-K. N.W.

10c.

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02903

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH — COUNTY: Prince George Co — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 11
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 142 Longfellow NW

3. NAME OF DECEASED (Type or Print): (First) Clara (Middle) Claggett (Last) Bird

4. DATE OF DEATH: (Month) Mar (Day) 21 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 12/7/67

9. AGE last birthday: 91 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Burdsville Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Bird

14. MOTHER'S MAIDEN NAME: Mary Ann Claggett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute Gen Arteriosclerosis.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Chr Deg Myocarditis Coronary Occlusion — few hours

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16, 1949, to 3/21, 1949, that I last saw the deceased alive on 3/16/1949, and that death occurred at 4 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Howard Bruce M.D. 28 Carroll Ave Wash- D.C.

23. BURIAL, CREMATION REMOVAL (Specify): Buried — DATE: Mar 24/49 — NAME OF CEMETERY OR CREMATORY: All Hallows Cemy — LOCATION (City, town, or county) (State): Brdsville Md

DATE REC'D BY LOCAL REG.: March 24 1949 — REGISTRAR'S SIGNATURE: James Berry

24. FUNERAL DIRECTOR — ADDRESS

The S.H. Hines Co 2901 14th St NW

RECEIVED
MAR 23 1949
BUREAU V. S.

02904

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
County Prince George
City or town Forestville, Md.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred: 7790 Marlboro Road S E Washington, DC
How long in hospital or institution? Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George Co
City or town Forestville
(If outside city or town limits, write RURAL and give nearest town)
Street No. 7790 Marlboro Road S E Washington 19 DC
(If rural, give LOCATION)
2.(a) If veteran, name war —

3.(a) FULL NAME Martha Mary Boone

3.(b) Social Security Number — none —

4. Sex: Fem
5. Color or race: white
6.(a) Single, married, widowed, or divorced: widowed
6.(b) Name of husband or wife: William C Boone
Deceased
6.(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.): Oct 28 1878

8. AGE: Years 70 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Germany (Town, county, and state)
10. Usual occupation Storekeeper
11. Industry or business Her own store
FATHER
12. Name Herman Rodtke
13. Birthplace Germany
MOTHER
14. Maiden name Wilhemena Zinke
15. Birthplace Germany
16. Informant Marion Barner
Address 7790 Marlboro Road Washington 19 DC
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 14 1949 (month) (day) (year)
Cemetery or crematory Epiphany
Location Forestville, Md
18. Funeral director Robert A Mattingly
Address 1311-11th St S E Wash DC
19. Mar. 12 1949 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1949 at 11 45 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1948 to March 11 1949 and that I last saw her alive on March 11 1949

Immediate cause of death: acute cardiac decompensation and anuria — DURATION: 1 day, 2 days, unknown

Due to: Cardiovascular Renal Disease — 442

Due to: and general arteriosclerosis — 61

Other conditions: Diabetes Mellitus — 3 yrs

(Include pregnancy within 3 months of death)

Major findings of operations none
Date of op.
Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE Paul C Van Natta M. D. ~~or other~~
Address Washington 19 DC Date signed March 12 1949

VS A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 19 1949
BUREAU V. S.

Evidence for change in age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02905

FILM No. G 120 MAY 12 1949

Reg. Dist. No. 27

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nar. Laurel, Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highway No 1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Ohio — COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenfield
STREET ADDRESS (If rural, give location) 344 Dietzens Ave. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edgar	H.	Bowles	Mar.	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W.	Married	June 27, 1911	37 ~~38~~ yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Butcher		Ohio	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Edgar Bowles	Ivy (Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes		Company Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
820.5 Immediate cause	(a) Hemorrhage & shock	
1700 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Depressed comminuted fracture of skull	Sudden
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
Accident	Street	Nar Laurel	Pr. Georges	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☒	HOW DID INJURY OCCUR?
Mar. 5 - 1949 - 12.30 p.m.			Ran off road - Hit & cut down telegraph pole.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at D.O.A. 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Malony, M.D. Deputy Medical Examiner	Hyattsville, Pr. Georges, Md	3-5-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Removal	5 Mar 49	Unknown, Ohio		Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	E. K. Burnside E. K. BURNSIDE, Capt., MSC Registrar	Lilly & Zeiler Inc., Balto., Md	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 8 1949
BUREAU V. S.

02906

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mother Jones Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 3917 Dunnell Lane

3. NAME OF DECEASED (Type or Print) (First) Frederick (Middle) (Last) Brangs
4. DATE OF DEATH (Month) Mar (Day) 23 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Jan 1 1866
9. AGE last birthday 88 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Ret Mail Clerk
11. BIRTHPLACE (State or foreign country) New Jersey
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If year, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs Heflin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion Acute — INTERVAL BETWEEN ONSET AND DEATH 3/23/49

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Severe Gen Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/16/, 1949, to 3/23/, 1949, that I last saw the deceased alive on 3/22/, 1949, and that death occurred at 3 A m., from the causes and on the date stated above.

SIGNATURE Howard T Morse (Degree or title) MD ADDRESS 28 Carroll Ave Takoma Park Md DATE SIGNED 3/23/49

23. BURIAL CREMATION REMOVAL (Specify) Burial
DATE 3/25/49
NAME OF CEMETERY OR CREMATORY Wash Nat'l
LOCATION (City, town, or county) Prince Georges (State) Md.

DATE REC'D BY LOCAL REG. Mar 23, 1949
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR W W Chambers Co ADDRESS 3072 Mst NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02907 245

Reg. Dist. No. ~~245~~

1. PLACE OF DEATH COUNTY Pr. Geo's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Md. COUNTY Pr.Geos.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 5711 Jamestown Road.

3. NAME OF DECEASED (Type or Print)	(First) LAURA	(Middle) KATE	(Last) CALLIS	4. DATE OF DEATH	(Month) March (Day) 31, (Year) 1949
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 30/1884	9. AGE last birthday 64 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) TENN.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Alex Gossett		14. MOTHER'S MAIDEN NAME Rebecca White			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT David M. Callis			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis	3/29/53 3/31/49
Antecedent cause(s)	(b) Diabetes Mellitis +	1/1946
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) overweight	1948

260

61

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1, 1946 to 3/29, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. N. Manganaro	MD	1410 Mass. Av., NW. Wash., D.C.	March 31, 49.

23. BURIAL, CREMATION REMOVAL (Specify) Transportation	DATE Mar 31, 1949	NAME OF CEMETERY OR CREMATORY Magnolia Cemetery	LOCATION (City, town, or county) (State) Meridian Mississippi
DATE REC'D BY LOCAL REG. Mar 31 1949	REGISTRAR'S SIGNATURE James Sevey	24. FUNERAL DIRECTOR S. H. Hines Co.	ADDRESS 2901-14th St. NW Wash., D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 2 1949
BUREAU V. S.

Dr Brady

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02908

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: -- COUNTY: --
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural give location): 230 First Street, S.E. ✓

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) C (Last) CHELINI

4. DATE OF DEATH: (Month) Mar. 28, (Day) (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Feb. 10, 1862	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Washington, D.C.	U.S.A.

13. FATHER'S NAME: James Grace

14. MOTHER'S MAIDEN NAME: Catharine Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	--		Dorothy Flaherty - Neice

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
442 Immediate cause	(a) Cardio arteriosclerosis	2 yrs
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Chronic Cystitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Mch 1, 1948 to Mch 28 1949, that I last saw the deceased alive on Mch 27, 1949, and that death occurred at 5:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles Brady	M.D	35 New Ave NW	Mch 31/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	MAR. 30, 1949	Mount Olivet Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/29/49	Amanda Downey	James Boyce, Inc.	317 Pa. Ave., S.E. Washington 3, D.C.

RECEIVED
MAR 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02909

EVIDENCE FOR CHANGE OF BIRTH DATE IS ON:

FILM No. G 119 MAR 31 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural) LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN D.C.
STREET ADDRESS (If rural, give location) 1806- N.Hampshire Ave., N.W. ✓

3. NAME OF DECEASED (Type or Print) (First) VILMA (Middle) G (Last) DAVIS

4. DATE OF DEATH (Month) March (Day) 18th (Year) 1949

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single

8. DATE OF BIRTH ~~3-18-49~~ 7-1-13

9. AGE last birthday 35 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Waxhaw, N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Grene Davis

14. MOTHER'S MAIDEN NAME Lettie Bell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 245-28-9364

17. INFORMANT Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tb. meningitis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Miliary tuberculosis

(c)

019.2

22 a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1st, 1949, to March 18th, 1949, that I last saw the deceased alive on March 18th, 1949, and that death occurred at 5 30 p.m., from the causes and on the date stated above.

SIGNATURE Daniel Leo Pivucane (Degree or title) M.D. ADDRESS Glenn Dale Md. DATE SIGNED 3/18/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE Mar. 19, 1949

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 3/19/49

REGISTRAR'S SIGNATURE Rowland S. Philips

24. FUNERAL DIRECTOR Frazier's Funeral Home, 389 R.I. ave. N.W. Washington, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 26 1949
BUREAU V. S.

Evidence for change of cause of death shown on:

FILM No. G 120 APR 25 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02910

Reg. Dist. No. 232

1. PLACE OF DEATH · COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro — LENGTH OF STAY (In this place) Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro, Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) Main Street

3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) Tilden	(Last) Davis	4. DATE OF DEATH	(Month) March	(Day) 28	(Year) 1949
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Oct. 1, 1876	9. AGE last birthday 72 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired registrar wills	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME James Henry Davis		14. MOTHER'S MAIDEN NAME Mildred Redmond	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 220-14-2135	17. INFORMANT Mrs. Mabel F. Davis (nee Lowe)	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Lymphatic Leukemia	2 yrs.
Antecedent cause(s)	(b) Severe Streptococcus septicemia about 15 years ago [4/25/49 also]	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephritis	4 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	10 yrs.

204.0

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19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION —	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not ~~While~~ At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Jan 2, 1949, to Jan 28, 1949, that I last saw the deceased alive on Jan 28, 1949, and that death occurred at 7:15A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James P. Sarscer	M.D.	Upper Marlboro - Md	3-29-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 30, 1949	Trinity Episcopal	Upper Marlboro, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 29. 1949	R. Earl Smith	Ritchie Bros.	Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02911

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince George

City or town: Oxon Hill
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Prince George

City or town: Oxon Hill
(If outside city or town limits, write RURAL and give nearest town)

Street No. 5620 Livingston Road.
(If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: SIDNEY W. DAY

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Ruby P. Day

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Nov. 11th 1882

8. AGE: 66 Years | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Prince Geo. Co. Md.
(Town, county, and state)

10. Usual occupation: Retired

11. Industry or business: U. S. Govt.

FATHER
12. Name: James Day
13. Birthplace: Maryland.

MOTHER
14. Maiden name: Lucey Dorsey
15. Birthplace: Maryland.

16. Informant: Mrs Ruby P. Day.
Address: 5620 Livingston Rd. S.E.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 29th 1949 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cemetery

Location: Suitland Md.

18. Funeral director: W. W. Chambers Co.
Address: 517 11th St. S.E.

19. Mar. 26 1949 (Date rec'd by registrar) Carrie F. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 25 1949 at 7:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 1944 to March 25 1949 and that I last saw him alive on March 25 1949

Immediate cause of death: cerebral hemorrhage

Due to: gen arteriosclerosis with hypertension

Due to:

Other conditions: 331 83a (Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....

Autopsy results: .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: Alchwartzman M. D. or other

Address: 2015 Nichols St. Date signed: 3/25/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02912

Reg. Dist. No. 245

EVIDENCE FOR CHANGE OF AGE + BIRTH DATE IS ON: FILM # G119 4-5-49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 3910 Nicholson St.

3. NAME OF DECEASED (Type or Print): (First) Felix (Middle) Paul (Last) Denis

4. DATE OF DEATH: (Month) March (Day) 23, (Year) 1949

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov 19, ~~1869~~ 1897

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): butcher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Felix E. Denis

14. MOTHER'S MAIDEN NAME: Whelmenia Christman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): World war I

16. SOCIAL SECURITY NO.: 577-10-5220

17. INFORMANT: Mrs Violet Edythe Denis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-22, 1949, to 3-23, 1949, that I last saw the deceased alive on 3-23, 1949, and that death occurred at 5:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John P. Olson M.D. Hyattsville Md 3-23-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Mar 28, 1949 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln Cemetery | LOCATION (City, town, or county) (State): Colmar Manor Maryland

DATE REC'D BY LOCAL REG. March 31 1949 | REGISTRAR'S SIGNATURE: James Leary

24. FUNERAL DIRECTOR: F. Gasch's Sons — ADDRESS: Hyattsville Md.

VS-A15

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02913 Reg. Dist. No. 745

1. PLACE OF DEATH:

County PRINCE GEORGE

City or town GREEN MEADOWS
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State MD. County PRINCE GEORGE

City or town GREEN MEADOWS
(If outside city or town limits, write RURAL and give nearest town)

Street No. 6320 - 20th AVE
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME SAM EHRLICH

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
MALE	WHITE	MARRIED

6.(b) Name of husband or wife SARAH EHRLICH

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) ABT 1885

8. AGE: Years 64 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace RUSSIA
(Town, county, and state)

10. Usual occupation MERCHANT

11. Industry or business

FATHER
12. Name MORRIS EHRLICH
13. Birthplace RUSSIA

MOTHER
14. Maiden name unknown
15. Birthplace RUSSIA

16. Informant Harry Ehrlich

Address 6805 Georgia Ave N.W.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/24/49 (month) (day) (year)

Cemetery or crematory Bnai Israel Cem.

Location Oxon Hill, Md

18. Funeral director B Danzansky & Son

Address 3501 - 14th St N.W.

19. March 23 1949 (Date rec'd by registrar) James Sevey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 22 1949 at 7 45 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1, 1947, to March 22 1949 and that I last saw him alive on March 22 1949

Immediate cause of death Esophageal Varices, rupture of

Due to Cirrhosis of Liver

Due to

Other conditions Diabetes mellitus

581.0
61

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William [illegible] M.D. M. D. or other

Address 2440 - 16 - St N.W. Date signed 3/22/49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

Feb 49

RECEIVED
MAR 24 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON

FILM No. G 119 MAR 22 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02914

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH — COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Heights
STREET ADDRESS (If rural, give location): 5021 - 54th Place

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mrs Mary Farrell

4. DATE OF DEATH (Month) (Day) (Year): March 15 1949

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May - 1864
9. AGE last birthday: 84 ~~85~~ yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No.
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Marie Pilkerton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Heart Block

420.1 Antecedent cause(s) (b): Coronary Sclerosis

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-10, 1936, to 3-15, 1949, that I last saw the deceased alive on 2-14, 1949, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): M.D. ADDRESS: Hattelle Md DATE SIGNED: 3-16-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Mar 18, 1949 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REG.: 3/16/49 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F Gasch's sons — ADDRESS: Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02915

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural, give location) Metzerotte Rd.

3. NAME OF DECEASED (Type or Print) (First) Augusta (Middle) (Last) Fieghenne

4. DATE OF DEATH (Month) March (Day) 2 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ✓
8. DATE OF BIRTH March 4, 1874
9. AGE last birthday 74 yrs. | If under 1 year Months. | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Julius Stanowsky
14. MOTHER'S MAIDEN NAME ~~Unknown~~ Maria Rex

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Julius J. Fieghenne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Toxaemia & Peritonitis

572.1 Antecedent cause(s)

123 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Ruptured Diverticulum of Sigmoid

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Saul Schwarzbard M.D. (Degree or title) ADDRESS Prince George Gen. Hospital DATE SIGNED 3/3/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar 5, 1949
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. 3/4/49
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS E Goeche sons Hyattsville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
MAR 5 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02916

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 142

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville | LENGTH OF STAY (in this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8200 Marlboro Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton
STREET ADDRESS (If rural give location) Woodyard Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emory	Lawrence	Fowler Sr.	3	22	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	3/15/96	53 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Maryland	USA

13. FATHER'S NAME: Thomas F. Fowler

14. MOTHER'S MAIDEN NAME: Sarah E. Pyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Emory L. Fowler Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 **Immediate cause** (a) Acute congestive heart failure

1310 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from XXXXXXXXXX, 19XXXX to XXXXXXXXXX, 19XXXX that I last saw the deceased alive on XXXXXXXXXXXXXXX, 19XXXX and that death occurred at 1:20 P.m., from the causes and on the date stated above.

SIGNATURE: James F. Boyd (Degree or title) Deputy Medical Examiner ADDRESS Forestville, Md. DATE SIGNED 3/22/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	Mar. 25-1949	Cedar Hill	Suitland Pr. Geo's. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 22-1949	Edna F. Collins	Arthur E. Simmons	2007 Nichols Ave S.E.

VS. A15

RECEIVED
MAR 28 1949
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

02917

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beverdale — LENGTH OF STAY (in this place) 50 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Md
STREET ADDRESS (If rural, give location) 103 Main St.

3. NAME OF DECEASED (Type or Print): (First) Roger (Middle) Ellsworth (Last) Galvin

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Feb. 8, 1864

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Roger Galvin

14. MOTHER'S MAIDEN NAME: —? Marriott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Katie Ayton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

901.0 **Immediate cause** (a) Fracture base of skull.

186a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed chest

(c) Hemorrhage & shock

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home — (CITY OR TOWN) Laurel — (COUNTY) Pr. Georges — (STATE) Md.

TIME OF INJURY (Month) Mar (Day) 24 (Year) 1949 (Hour) 2 P m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Fell from ladder.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 9:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney, M.D. Dep. Md. Examiner - Cheverly - Hyattsville, Md - 3-25-49

23. BURIAL, CREMATION / REMOVAL (Specify) Burial — DATE THEREOF Mar 28 1949 — NAME OF CEMETERY OR CREMATORY Nat. Cem. Mem. Park — LOCATION (City, town, or county) (State) Bunkum Md

DATE REC'D BY LOCAL REG. Mar 30, 1949 — REGISTRAR'S SIGNATURE James Berry — 24. FUNERAL DIRECTOR Donaldson Funeral Home — ADDRESS Laurel Md

VS: A15

RECEIVED
MAR 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

02918

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:
County Prince George's
City or town Bradbury Park
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 mos
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Prince George
City or town Bradbury Park
(If outside city or town limits, write RURAL and give nearest town)
Street No. 5512 Belt avenue
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Elmer A. F. Gardner

3.(b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Mary M.
6.(c) If alive, give age ... years
7. Birth date of deceased (mo., day, yr.): Dec 26, 1865

8. AGE: Years 83 | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: None
11. Industry or business
FATHER
12. Name: Unknown
13. Birthplace
MOTHER
14. Maiden name: Unknown
15. Birthplace
16. Informant: Mary Hartranft
Address: 657 Girard St N E
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 19, 1949 (month) (day) (year)
Cemetery or crematory: N X Olivet
Location: Washington D C
18. Funeral director: Robert A Mattingly
Address: 131-11th St S E Wash D C
19. Mar. 17 1949 (Date rec'd by registrar) Edna F. Collins Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1949 at 4:10 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17 1948 to March 17 1949 and that I last saw him alive on March 14 1949

Immediate cause of death	DURATION
Carcinoma in right deep cervical glands on neck.	3 years
Due to	
Due to	
Other conditions	

178
55e
(Include pregnancy within 3 months of death)
Major findings of operations ... Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ... Injured at work?

23. SIGNATURE Robert B Bacon, M D
M. D. or other
Address Suite 107 Burlington Hotel Date signed 3/17/49

MARGIN RESERVED FOR BINDING
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
VS A15 9-45-15

RECEIVED
MAR 23 1949
BUREAU V. S.

02919

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

420.1 94a

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY Pike
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Milford Pennsylvania
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Amos (Middle) Wilbur (Last) Gregory

4. DATE OF DEATH (Month) March (Day) 1 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH July 14, 1905
9. AGE last birthday 43 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner - Garage business
10b. KIND OF BUSINESS OR INDUSTRY Garage Business
11. BIRTHPLACE (State or foreign country) Penna
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Gregory
14. MOTHER'S MAIDEN NAME F. E. Beardsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT Wife - Edith Gregory

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 94a

Immediate cause (a) Myocardial Infarction
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis
(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 days.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 27, 1949, to Mar. 1, 1949, that I last saw the deceased alive on Feb. 28, 1949, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE Albert Roth, M.D. (Degree or title) ADDRESS 5435 Madison St., Riverdale DATE SIGNED March 1, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/4/49
NAME OF CEMETERY OR CREMATORY Milford Cemetery
LOCATION (City, town, or county) Milford (State) Pa

DATE REC'D BY LOCAL REG. March 1-1949
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gaschi sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02920

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 4231 Madison Street

3. NAME OF DECEASED (Type or Print): (First) ANTHONY (Middle) NICHOLAS (Last) GUARINO

4. DATE OF DEATH: (Month) March (Day) 10th (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 11th 1896

9. AGE last birthday: 52 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salerno, Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Daniel Guarino

14. MOTHER'S MAIDEN NAME: Conchetta Mazzaro

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: 579-03-5155

17. INFORMANT: Margaret F. Guarino

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death: 4 days

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Essential Hypertension — 4 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 6, 1949, to March 10, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 1:30A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Ronald S. Fletcher (Dr.) — ADDRESS: 5432 Queens Chapel Rd Hyattsville — DATE SIGNED: 3/10/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: March 14/49 — NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 3/10/49 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: W.W.Chambers Company---Riverdale, Md.

VS. A15

RECEIVED
MAR 12 1949
BUREAU V. S.

02921

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Belle Meade Md.
STREET ADDRESS (If rural, give location) 4404-78th Ave 2:15 AM

3. NAME OF DECEASED (Type or Print) (First) Tilly (Middle) (Last) Guthrie

4. DATE OF DEATH (Month) 3 (Day) 16 (Year) 1949

5. SEX f
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced
8. DATE OF BIRTH May 1, 1892
9. AGE last birthday 56 yrs. If under 1 year Months 9 Days 15 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Karl Golka
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Catherine Taylor - Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral compression.

Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral vascular accident.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2:15 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney, M.D. Deputy Med. Examiner - Cheverly Hyattsville Md 3-17-49

23. BURIAL, CREMATION REMOVAL (Specify) DATE March-18-49 NAME OF CEMETERY OR CREMATORY Wash. Nat. Cemetery LOCATION (City, town, or county) Suitland Rd. Md. (State)

DATE REC'D BY LOCAL REG. Mar 16/49 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR W. W. Chamber ADDRESS Riverdale, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02922

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George | MARYLAND | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (in this place) 3 Mo. | HOSPITAL OR INSTITUTION OR STREET ADDRESS 5801 42nd Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland | COUNTY Prince George | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | STREET ADDRESS (If rural, give location) 3000 Crest Avenue

3. NAME OF DECEASED (Type or Print): (First) FLORA (Middle) D (Last) HARKINS

4. DATE OF DEATH: (Month) Mar. (Dey) 12 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct 12 1863

9. AGE last birthday: 85 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Powlesburg W Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Morrison Duncan

14. MOTHER'S MAIDEN NAME: Rebeca A Hooton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Duncan C Harkins

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

174 Immediate cause (a) Exhaustion

Antecedent cause(s)

486 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic carcinoma of uterus — Interval Between Onset and Death: 11 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, ferm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Dey) (Yeer) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3-50 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John J. Maloney M.D. Dep. Medical Examiner - Cheverly Hyattsville, Md. 3-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 3-14-48 | NAME OF CEMETERY OR CREMATORY — | LOCATION (City, town, or county) (State) Cameron W. Va.

DATE REC'D BY LOCAL REG. March 12, 1949 | REGISTRAR'S SIGNATURE James Berry

24. FUNERAL DIRECTOR S. H. Hines | ADDRESS 2901 14th St

VS. A15

RECEIVED
MAR 16 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. G 119 APR 13 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02923

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie — LENGTH OF STAY (in this place) 54 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) [illegible] (Last) Harmon

4. DATE OF DEATH: (Month) March (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 15 1899

9. AGE last birthday: 69 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Protestant, P. E. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Martin Mallonee

14. MOTHER'S MAIDEN NAME: Lydia Anderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Cora E. Phelps

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
442 Immediate cause	(a) Acute Myocarditis	3 days
Antecedent cause(s)	Hypertension Cardio vascular renal	
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 19 47, to March 30, 1949, that I last saw the deceased alive on March 30, 1949, and that death occurred at 10:20 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Robert S McElroney M.D. 402 Main St Laurel Md 3/30/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE 4-2-49 — NAME OF CEMETERY OR CREMATORY Emanuel — LOCATION (City, town, or county) (State) Annapolis Md.

DATE REC'D BY LOCAL REG. Apr. 3, 1949 — REGISTRAR'S SIGNATURE Miss Agnes M. Quigley — 24. FUNERAL DIRECTOR Martin Hodson & Sons — ADDRESS Bowie Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

The correct age

VS. A15

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02924

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County: Prince George

City or town: N. Woodridge
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Prince Geo.

City or town: N. Woodridge
(If outside city or town limits, write RURAL and give nearest town)

Street No.: 4629 - Eastern Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Matilda E. Holden.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Married.

6.(b) Name of husband or wife: Charles B. Holden.

6.(c) If alive, give age: ____ years

7. Birth date of deceased (mo., day, yr.): March 10th. 1872

8. AGE: Years	Months	Days	If less than one day
77	0	5	____ hrs. ____ min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER
12. Name: Charles Litchfield.
13. Birthplace: Syracuse, N.Y.

MOTHER
14. Maiden name:
15. Birthplace:

16. Informant: Theodora Grinder
Address: 4629 Eastern Ave.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 1949. (month) (day) (year)

Cemetery or crematory: Cedar Hill
Location: Suitland, Md.

18. Funeral director: J. W. Lee's Sons Co.
Address: 300 - 4th. St. N.E. Wash. D.C.

19. Mar 16 1949 (Date rec'd by registrar) James Seery Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15th. 1949 at 11:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 8 1931 to Mar 15 1949 and that I last saw h[illegible] alive on Mar 14 1949

Immediate cause of death	DURATION
Acute congestion Heart failure	24 hrs
Due to: Hypostatic Pneumonia	5 days
Due to:	
Other conditions: Senility	1 yr

4227 932 (Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of injury: ____ Injured at work?

23. SIGNATURE: [signature] M.D. or other

Address: 5-22 11 St. NE Wash DC Date signed Mar 16 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

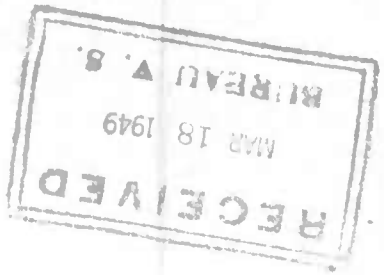
VS A15 9-45-15M

Mar 16 1949

This death was reported to Dr Mahoney who gave me permission to sign this certificate

A Mayer Yardoulf

RECEIVED
MAR 18 1949
BUREAU V. S.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02925

Reg. Dist. No. 243

1. PLACE OF DEATH· COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale, (Rural) — LENGTH OF STAY (In this place): 1 yr. 7 mo., /12 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 1116- 4'th St., N.W. ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): RENA — HOWARD.	4. DATE OF DEATH (Month) (Day) (Year): March 17 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
Female	Colored	married	Jan. 4, 1892	57 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundress	10b. KIND OF BUSINESS OR INDUSTRY: —	11. BIRTHPLACE (State or foreign country): Cheraw, So. Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: John Gillispie		14. MOTHER'S MAIDEN NAME: Julia Ross	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: —	17. INFORMANT: Decedent	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	1 yr 10 mo
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 5th, 1947, to Mar 17, 1949, that I last saw the deceased alive on Mar. 17, 1949, and that death occurred at 1:20 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale, Md	3/17/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Co Washington D.C.	3/18/49		

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/18/49	Rowland J. Philips	Jessie McCoy Hanson	306 L. St. N.W. Wash D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

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RECEIVED
MAR 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02926

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Dale — LENGTH OF STAY (in this place): 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glen Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural, give location): 1313 R. Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Louise (Last) Johnson Hughes

4. DATE OF DEATH: (Month) March (Day) 19 (Year) 1949

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 15, 1903

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Spencer Johnson

14. MOTHER'S MAIDEN NAME: Malinda Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4341 Immediate cause (a) Acute congestive heart failure

Antecedent cause(s)

131 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 5.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John J. Maloney M.D. Deputy Medical Examiner

ADDRESS: Cheverly-Hyattsville, Md.

DATE SIGNED: 3-20-49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: 3/24/49

NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

LOCATION (City, town, or county) (State): Washington, D.C.

DATE REG'D BY LOCAL REG.: 3/21/49

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Malvan & Schey Inc

ADDRESS: 424 R St NW Wash. D.C.

A.B. Kearney

To be completed upon return of laboratory reports.

RECEIVED
MAR 29 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02927

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Pr. Geo. Co. — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover | LENGTH OF STAY (in this place) 48 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Agnes	Hutchinson	March	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Aug. 5, 1876	72 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
at home	at home	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Windsor	Alice Peacock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	No.	Mrs. Nora Richardson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Broncho pneumonia acute	22 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Bronchitis	14 yrs.
	(c) General arteriosclerosis	Unknown

450.0
107

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
none	—	—	—	—

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.	—	—

22. I hereby certify that I attended the deceased from March 1, 1949, to March 24, 1949, that I last saw the deceased alive on March 24, 1949, and that death occurred at 7:16 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul C. Van Gaasbeck	M.D.	5440 Silver Hill Rd. Washington 19, D.C.	March 25, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar. 28, 1949	Forestville Epiphany	Forestville, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Mar. 25-1949	Carrie F. Campbell.	Ritchie Bros.	Upper Marlboro Md.

RECEIVED
MAR 28 1949
BUREAU Y. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02928

CERTIFICATE OF DEATH

Reg. Dist. No. 285

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale, Maryland
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eugene Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
STREET ADDRESS (If rural give location) 9306 Rhode Island Ave.

3. NAME OF DECEASED (Type or Print) (First) Lewis (Middle) Augustus (Last) Johnson

4. DATE OF DEATH (Month) March (Day) 23 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Feb. 10, 1871
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Carpenter
11. BIRTHPLACE (State or foreign country) Frederick Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eugene Augustus Johnson
14. MOTHER'S MAIDEN NAME Margaret Catherine Shuffler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT wife (Mrs. Mary Johnson)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary ~~Inf~~ Embolism	45 min
540.0 Antecedent cause(s)		
117a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Undetermined source	
	(c) Gastric Ulcer	15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 16, 1949, to March 23, 1949 that I last saw the deceased alive on March 23, 1949, and that death occurred at 3:10 P. m., from the causes and on the date stated above.

SIGNATURE L W Malin MD (Degree or title) ADDRESS Riverdale, MD. DATE SIGNED March 24/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE March 26/49
NAME OF CEMETERY OR CREMATORY Union Cemetery
LOCATION (City, town, or county) Burtonsville, MD. (State)

DATE REC'D BY LOCAL REG. March 24, 1949
REGISTRAR'S SIGNATURE James Serry
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale, MD

RECEIVED
MAR 28 1949
BUREAU V. S.

Evidence for change of age shown on

FILM No. G 119 MAR 16 1949

02929

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pro Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN University Park
STREET ADDRESS (If rural, give location) 4323 Elagett Road.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Jarvis	Jordan	March	2,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	6/14/1856	~~93~~ 92 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	School teacher	Missouri	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Jarvis Jordan	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Mrs. George Harvey

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420.1	Immediate cause	(a) Coronary Arteriosclerotic Heart Disease	2½ yrs.
93d	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	?
		(c) Senility	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
no				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12-22, 1948, to 3-2, 1949, that I last saw the deceased alive on 2-21, 1949, and that death occurred at 2-4 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
C. B. Morgan	M.D.	Mt. Rainier Md	3-2-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county), (State)
transportation	3/2/49	Edgewood	Chillicothe, Missouri

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 2 1949	James Devoy	F. Gascha sons	Hyattsville Md

RECEIVED
MAR 3 1949.
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02930

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY: Prince Georges Co MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural) — LENGTH OF STAY (In this place): 1 mo., 8 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location): 827- 6'th, N.W.

3. NAME OF DECEASED (Type or Print)	(First) DEAR	(Middle) WEN	(Last) JUNG	4. DATE OF DEATH	(Month) 3	(Day) 7	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: Chinese	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: 2-26-1879	9. AGE last birthday: 70 yrs.	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kitchen worker, restaurant	10b. KIND OF BUSINESS OR INDUSTRY: –	11. BIRTHPLACE (State or foreign country): San Francisco, Calif.	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Dear Wen Jung	14. MOTHER'S MAIDEN NAME: Wong Sing						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY No.: 220-28-5724	17. INFORMANT: deceased					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) pulmonary tuberculosis	3 yrs.
002 Antecedent cause(s)	(b) diabetes mellitus	3 yrs.
138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: –	19b. MAJOR FINDINGS OF OPERATION: –	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): –	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): –	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/27, 1949, to 3/7, 1949, that I last saw the deceased alive on 3/6, 1949, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Lee Finucane	M.D., Superintendent	Glenn Dale Sanatorium, Maryland	3/7/49

23. ~~BURIAL~~, CREMATION REMOVAL (Specify) to Washington D.C.	DATE 3/7/49	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. Mar. 7, 1949	REGISTRAR'S SIGNATURE Rowland S. Philips	24. FUNERAL DIRECTOR [illegible] Chambers Co.	ADDRESS 1400 Chapin St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02931

Reg. Dist. No. 2-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: PRINCE GEORGE'S — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BRENTWOOD
LENGTH OF STAY (in this place): 3 MO.
~~HOSPITAL OR~~ INSTITUTION OR STREET ADDRESS: 4308-38TH. ST. N.W.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: WASHINGTON
STREET ADDRESS (If rural give location): 3809-10TH. ST. N.W.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) H (Last) KLEIN

4. DATE OF DEATH: (Month) 3 (Day) 14 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: 10/14/03

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: DEPARTMENT STORE

11. BIRTHPLACE (State or foreign country): WASH. D.C.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ANTHONY W. KLEIN

14. MOTHER'S MAIDEN NAME: MARY M. MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 578-28-1495

17. INFORMANT: Mrs. Anna K. Howe

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Osteo-Sarcoma Sternum	8 mo
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
	(c) —	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from July 1, 1948., to Mch. 14, 1949., that I last saw the deceased alive on Mch. 12, 1949., and that death occurred at 1.10 A m., from the causes and on the date stated above.

SIGNATURE: J.H. Bullock — (Degree or title) M.D. — ADDRESS 766 Rock Cr. Ch. Rd. Washington D.C. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 3-16-49 — NAME OF CEMETERY OR CREMATORY: St Mary's Cemetery — LOCATION (City, town, or county) (State): Wash. D.C.

DATE REC'D BY LOCAL REG.: March 14, 1949 — REGISTRAR'S SIGNATURE: James Leary

24. FUNERAL DIRECTOR: Spencer Gawlin — ADDRESS: 3821-14th St. NW. Wash. D.C.

RECEIVED
MAR 16 1949
BUREAU V. S.

4308.2

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02932

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: PRINCE GEORGES — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MARYLAND PARK
LENGTH OF STAY (in this place): 45 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MD. COUNTY: PRINCE GEORGE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MARYLAND PARK
STREET ADDRESS (If rural, give location): 6704 - E ST

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) HERBERT (Last) KNAUER

4. DATE OF DEATH: (Month) MAR (Day) 23 (Year) 1949

5. SEX: M

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: MAR 9 1870

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PLASTER

10b. KIND OF BUSINESS OR INDUSTRY: RETIRED

11. BIRTHPLACE (State or foreign country): BALTIMORE MD.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: JETER H. KNAUER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 **Immediate cause** (a) Arteriosclerotic Heart disease — Interval Between Onset and Death: 8 years

93d **Antecedent cause(s)**
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Amputated left leg — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1949, to March 23, 1949, that I last saw the deceased alive on March 22, 1949, and that death occurred at 12 30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William Brannin MD 612 4 Central Ave, Capitol Heights Md 3/25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: March 23-49
NAME OF CEMETERY OR CREMATORY: Christ Episcopal Church
LOCATION (City, town, or county) (State): Clinton Md

DATE REC'D BY LOCAL REG.: Mar. 23-1949
REGISTRAR'S SIGNATURE: Carrie F. Campbell
24. FUNERAL DIRECTOR: W. W. & Rawlings Co
ADDRESS: Wash. D.C.

VS. A15

RECEIVED
MAR 26 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF BIRTH DATE + ADDITIONAL INFO. # 9-10 IS ON.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02933

FILE No. G 119 MAR 24 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: PR. GEO.

County 4008 30th St Mt Rainer Md.

City or town ..... (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? .....

Hospital, institution, or street address where death occurred: .....

How long in hospital or institution? .....

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Prince George Co

City or town Riverdale Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. ..... (If rural, give LOCATION)

2.(a) If veteran, name war .....

3.(a) FULL NAME Barbra Ann Knight

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	widowed

6.(b) Name of husband or wife .....

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Oct 8 ~~1867~~ 1866

8. AGE: Years 82 Months Days If less than one day ..... hrs. ..... min.

9. Birthplace Albemarle Co., ~~Mo.~~ Virginia (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Hyden Morris

13. Birthplace Virginia

MOTHER 14. Maiden name Elvira Morris

15. Birthplace Virginia

16. Informant Blanch Harman

Address 4008 30th St Mt Rainer Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 16, 1949 (month) (day) (year)

Cemetery or crematory Standardsville Va.

Location .....

18. Funeral director J William Lee Sons Co

Address 300 4th St ME. DC.

March 14 1949 James Severy (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 13 1949, at 11:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1948, to March 13 1949 and that I last saw her alive on March 5 1949

Immediate cause of death	DURATION
Generalized Arteriosclerosis	?
Due to Hypertension	?
Due to Central Softening	?
Other conditions 447 61 Diabetes (Include pregnancy within 3 months of death)	?

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE D S Clayman, MD M. D. or other

Address 6311 Balto. Ave - Riverdale, Md Date signed 3.14.49

VS A15 9.45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I) MARGIN RESERVED FOR BINDING

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. G 119 MAR 31 1949

02934

Reg. Dist. No. 242

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRADBURY HGHTS. | LENGTH OF STAY (in this place) 15 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5300 - W - ST. S.E.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY PRINCE GEO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BRADBURY HGHTS
STREET ADDRESS (If rural give location) 5300 - W - ST. S.E.

3. NAME OF DECEASED (Type or Print): (First) LOWIS (Middle) RANDOLPH (Last) McLELLAN

4. DATE OF DEATH: (Month) MAR (Day) 19 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: DEC-5-1874

9. AGE last birthday: 74 yrs. | If under 1 year: Months 3 | Days 14 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST-RETIRED

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): NORTH CAROLINA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ROBERT MCLELLAN

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 578-14-7923-A

17. INFORMANT: Elizabeth McLellan.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334 Immediate cause (a) Malnutrition — Interval between onset and death: 2 weeks

97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility & Cerebral Arteriosclerosis 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office hldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to 19 March, 1949, that I last saw the deceased alive on 18 March, 1949, and that death occurred at 11 03 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Sidney W. Lowry M.D. | ADDRESS | DATE SIGNED 19 March 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE mar 21-1949 | NAME OF CEMETERY OR CREMATORY Glenwood | LOCATION (City, town, or county) (State) Harbor Marth Car.

DATE REC'D BY LOCAL REG. Mar. 20-49 | REGISTRAR'S SIGNATURE Carrie F. Campbell. | 24. FUNERAL DIRECTOR W. W. Chambers Co | ADDRESS 517-11th ST. SE WASH. D.C.

RECEIVED
MAR 22 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE + BIRTH DATE IS ON:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02935

FILM No. G 119 MAR 31 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Pro Geo co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood — LENGTH OF STAY (in this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Pro Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 3700 Tildon st

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) VERNON (Last) McMICHAEL
4. DATE OF DEATH (Month) Mar. (Day) 19 (Year) 1949
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Apr 16, 1860
9. AGE last birthday ~~84~~ 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer
10b. KIND OF BUSINESS OR INDUSTRY own
11. BIRTHPLACE (State or foreign country) south Carolina
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Eliza Fonderberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT George H. McMichael

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Generalized Arteriosclerosis — ?

97 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes (?)

19a. DATE OF OPERATION 3 yrs ago
19b. MAJOR FINDINGS OF OPERATION Left mid-thigh amputation - severe sclerosis
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 6, 1949, to Mar. 19, 1949, that I last saw the deceased alive on Feb 6, 1949, and that death occurred at 8 A. m., from the causes and on the date stated above.

SIGNATURE David S. Clayman, (Degree or title) Md. ADDRESS 6311 Balto. Ave. Riverdale, Md DATE SIGNED 3.19.49

23. BURIAL, CREMATION REMOVAL (Specify) transportation — DATE THEREOF Mar 20, 1949 — NAME OF CEMETERY OR CREMATORY Oakwood — LOCATION (City, town, or county) Gainesville (State) Georgia

DATE REC'D BY LOCAL REG. March 20 1949 — REGISTRAR'S SIGNATURE James Serry — 24. FUNERAL DIRECTOR F. Gosch's sons — ADDRESS Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 23 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02936

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.-A15

1. PLACE OF DEATH
COUNTY: Prince Georges
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Heights
LENGTH OF STAY (in this place): 12 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rogers Heights
STREET ADDRESS (If rural, give location): 5010--54th Place

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) WALTER (Last) McPEAK

4. DATE OF DEATH: (Month) March 1st, (Day) (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 8th, 1868

9. AGE last birthday: 80 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attendant

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): New York City, N.Y.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John McPeak

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Mrs. Murial McPeak

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Hypertensive cardiovascular disease

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 9:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Deputy Medical Examiner - Hyattsville, Md 3-1-49

23. BURIAL, CREMATION REMOVAL (Specify): CREMATION | DATE: March 4/49 | NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery | LOCATION (City, town, or county) (State): Prince Georges Cty. Md.

DATE REC'D BY LOCAL REG.: March 2 1949 | REGISTRAR'S SIGNATURE: James Berry

24. FUNERAL DIRECTOR ADDRESS: W.W. Chambers Company--Riverdale, Md.

RECEIVED
MAR 8 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02937

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Georges Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural give location): 1620-61st Ave.

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) W. M.c (Last) Williams

4. DATE OF DEATH: (Month) Mar. (Day) 30 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct 21, 1856

9. AGE last birthday: 92 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-Wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Munsey, Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Josiah Anderson

14. MOTHER'S MAIDEN NAME: Mary Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: Josiah M.c Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Ac. congestive heart failure

903.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shock

186a (c) Intertrochanteric fracture of right femur

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION: Mar. 29, 1949

19b. MAJOR FINDINGS OF OPERATION: Fracture of femur - Reduced openly

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home

(CITY OR TOWN) (COUNTY) (STATE): N. Engelwood - Hyattsville, Pr. Geo - Md

TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 22 - 1949 4 p.m.

INJURY OCCURRED While at Work ☐ Not While At work ☒

HOW DID INJURY OCCUR? Fell after getting out of bed at 4:00 A.M

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 12-35 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep-Med Examiner Cheverly-Hyattsville, Md 3-30-49

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation

DATE THEREOF: Mar 30, 1949

NAME OF CEMETERY OR CREMATORY: Turbotville Cemetery

LOCATION (City, town, or county) (State): Turbotville Penna

DATE REC'D BY LOCAL REG.: 3/30/49

REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: F. Gasch's sons ADDRESS: Hyattsville Md

RECEIVED
APR 1 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02938

CERTIFICATE OF DEATH

Reg. Dist. No. 248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier; LENGTH OF STAY (in this place) 15 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3712--34th Street	STREET ADDRESS (If rural, give location) 3712--34th Street,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROBERT	HARRY	MIDDLETON	March	9	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Jan. 11/1868	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Retired	Washington, D.C.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Leander Middleton	Anna Dant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	None	Blanche M. Middleton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Malnutrition	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile Dementia	1 year
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

304
1620

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan: 4, 1946, to March 9, 1949, that I last saw the deceased alive on March 9, 1949, and that death occurred at 1:30 A: m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles C. Hageage	M.D.	Mt. Rainier, Md.	March 9, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	March 11/49	Fort Lincoln Cem.	Prince Georges Cty., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 9 1949	James Berry	W.W.Chambers Company,	Riverdale, Md.

RECEIVED
MAR 11 1949
BUREAU V. S.

Evidence for change of cause of death shown on: FILM No. G 120 APR 25 1949

EVIDENCE FOR CHANGE OF BIRTH DATE IS ON!

FILM No. G 119 MAR 22 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02939

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington COUNTY DC.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 3301 Fessenden St. NW

3. NAME OF DECEASED (Type or Print) (First) EDWARD F. (Middle) (Last) MORGAN

4. DATE OF DEATH (Month) (Day) (Year) MAR 16 1949

5. SEX Male
6. COLOR OR RACE white
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Sept 15 1864
9. AGE last birthday 84 yrs. If under 1 year Months 6 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY agriculture & spec
11. BIRTHPLACE (State or foreign country) Washington, DC.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John R. Morgan
14. MOTHER'S MAIDEN NAME Harriet Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Hyattsville Rest Home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocarditis	? years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Lobar pneumonia Feb 15 due largely to [4/25/49 etc]	1 mo
	(c) Fecal impaction Feb 15 & subsequently	1 mo

570.4
108

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile changes - arteriosclerosis etc ? years.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 15, 1949, to Mar 16, 1949, that I last saw the deceased alive on Mar 15, 1949, and that death occurred at 7 A m., from the causes and on the date stated above.

SIGNATURE John Hogan MD (Degree or title) ADDRESS 6001 Nevada Ave NW Wash 15 DC DATE SIGNED 3/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Mar 18 1949
NAME OF CEMETERY OR CREMATORY Mt Olivet Cemy
LOCATION (City, town, or county) Washington DC (State)
DATE REC'D BY LOCAL REG. Mar 16 1949
REGISTRAR'S SIGNATURE James Levy
24. FUNERAL DIRECTOR Jos. Hamlin Son ADDRESS DC. 1756 Pa. Ave NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAR 17 1949
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

02940

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ardmore — LENGTH OF STAY (in this place) 17 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Dist. of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 927 - 15th St., N.W. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary		Page	Mar	5	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Apr 19, 1946	2 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Washington D.C. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Known as Mrs. Thomas Page

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT: Records of Marine's Home.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

754.4 **Immediate cause** (a) Congenital heart disease

Antecedent cause(s)

157e Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital debility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mongoloid.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 1947 to Mar 5, 1949, that I last saw the deceased alive on Feb 1949, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney	M.D.	Cheverly - Hyattsville, Maryland	Mar 5, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 6. 1949	Evergreen	Bladensburg Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/6/49	Amanda Downey	E. Gascho & Son	Hyattsville Md

VS. A15

RECEIVED
MAR 8 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02941

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ardmore
LENGTH OF STAY (in this place) 31 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ardmore Maryland
STREET ADDRESS (If rural, give location) Jefferson St.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Webster (Last) Parker

4. DATE OF DEATH (Month) 3/24/49 (Day) (Year) 19

5. SEX male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 6/3/1902
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Sanitary Comm
11. BIRTHPLACE (State or foreign country) Lanham Maryland
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William H. Parker
14. MOTHER'S MAIDEN NAME Nettie Elzey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Nettie Parker

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
443 Immediate cause	(a) Cerebral Hemorrhage	35 days
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c) Hypertensive Cardio-Vascular Disease	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 12, 1948, to March 24 1949, that I last saw the deceased alive on Mar. 24, 1949, and that death occurred at 4:10 A.m., from the causes and on the date stated above.

SIGNATURE H. C. Beldon (Degree or title) M.D. ADDRESS 4423 Hunt Pl N.E. DATE SIGNED Mar. 24, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 3/28/49
NAME OF CEMETERY OR CREMATORY Queens Chapel Cemetery
LOCATION (City, town, or county) Muirkirk (State) Maryland

DATE REC'D BY LOCAL REG. Mar. 25-49
REGISTRAR'S SIGNATURE Carrie F. Campbell.
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville Md. ADDRESS

RECEIVED
MAR 28 1949
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02942

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 10 mo.s 2 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Dist. of Columbia. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 404-6'th N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) JUAN (Middle) B. (Last) PEREZ

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: July 16, 1900

9. AGE last birthday: 48 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Puerto Rico

12. CITIZEN OF WHAT COUNTRY?: ?

13. FATHER'S NAME: William B. Perez

14. MOTHER'S MAIDEN NAME: Anna Betancourt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service):

16. SOCIAL SECURITY No.: 579-12-2704

17. INFORMANT: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 2 yrs

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) — 1 mo.

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1948, to March 28, 1949, that I last saw the deceased alive on Mar 28, 1949, and that death occurred at 6 44 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Leo Finucane M.D. — ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Md. — DATE SIGNED: 3-29-49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: April 2, 1949 | NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery | LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: 3/30/49. | REGISTRAR'S SIGNATURE: Rowland S. Phillips | 24. FUNERAL DIRECTOR: James B. Egan Inc. | ADDRESS: 317 Pa. Ave., S.E.

VS. A15

RECEIVED
APR 4 1949
BUREAU V. S.

02943

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ardmore
LENGTH OF STAY (in this place) 24 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ardmore.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Henry (Middle) Magruder (Last) Phillips

4. DATE OF DEATH (Month) Mar (Day) 26 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug 25 - 1892
9. AGE last birthday 56 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Brakeman
10b. KIND OF BUSINESS OR INDUSTRY R. R.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Edward Phillips
14. MOTHER'S MAIDEN NAME Rosie Beall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Evelyn Caldwell - Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

976 Antecedent cause(s)

164C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gunshot wounds of chest

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Ardmore - (COUNTY) Pr. Georges (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 3 - 26 - 49 - 2.50 P. m.
INJURY OCCURRED While at Work ☐ Not While At work ☒
HOW DID INJURY OCCUR? Shot himself in chest. Turned gun on police officer & was shot by officer

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 2.50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney, M.D. Deputy Med. Officer - Cheverly - Hyattsville, Md. 3-28-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 3/29/49
NAME OF CEMETERY OR CREMATORY Whitfield Cemetery
LOCATION (City, town, or county) Lanham (State) Md

DATE REC'D BY LOCAL REG. 3/29/49
REGISTRAR'S SIGNATURE Amanda Downa
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
APR 4 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 02944 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carole Highlands — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mar 9501 Colesville Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 36 Pearce St., N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Otis (Last) Quarles
4. DATE OF DEATH: (Month) Mar. (Day) 14 (Year) 1949

5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 4, 1915
9. AGE last birthday: 33 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): S. Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence Quarles
14. MOTHER'S MAIDEN NAME: Lula Hollingsworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

914.5 Immediate cause (a) Shock

193 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Accidental electrocution

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Street — (CITY OR TOWN) Carole Highlands — (COUNTY) Pr. Geo. — (STATE) Md.

TIME OF INJURY (Month) 3 (Day) 24 (Year) 49 (Hour) 11:40 A m. — INJURY OCCURRED While at Work ☒ Not While At work ☐

HOW DID INJURY OCCUR? Boom of crane hit highly tension wire while deceased was in contact with cable

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 11:40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney, M.D. Dep. Med. Examiner — Cheverly — Hyattsville, Md — 3-25-49

23. BURIAL, CREMATION / REMOVAL (Specify): Removal — DATE: 3/25/49 — NAME OF CEMETERY OR CREMATORY: Stewart Funeral Home — LOCATION (City, town, or county) (State): 30 H. St. N. E. Washington D.C.

DATE REC'D BY LOCAL REG. 3/25/49 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: F. Gasch's Sons - Hyattsville Md.

VS-A15

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MAR 30 1949
BUREAU V. S.

02945

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxon Hill
LENGTH OF STAY (in this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Oxon Hill
STREET ADDRESS (If rural give location) 6980 Livingston Rd. S.E.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ALICE (Last) ROLAND.
4. DATE OF DEATH (Month) March (Day) 17th (Year) 1949

5. SEX Female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Oct. 21-1863
9. AGE last birthday 85 yrs. If under 1 year Months 4 Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Piscataway Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry White
14. MOTHER'S MAIDEN NAME Charlotte Gates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT William P. White.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic myocarditis, acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH 48 hours

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis — unknown

(c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) no.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? — no injury

22. I hereby certify that I attended the deceased from Jan 1, 1948, to March 17, 1949, that I last saw the deceased alive on March 16, 1949, and that death occurred at 3 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[signature] M.D. 5440 Selva Hill Rd Washington 19 D.C. March 17, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE 3/19/49
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. Mar. 18-1949
REGISTRAR'S SIGNATURE Carrie F. Campbell
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS 517 11th St SE Wash. DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Will call for
this permit Sat.
A. M.
Thank
You.

RECEIVED
MAR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02946

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 8 mo., 7 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1600- Monroe St., N.E. ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) JAMES JOSEPH ROONEY

4. DATE OF DEATH (Month) (Day) (Year) Mar. 16, 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 8-19-91
9. AGE last birthday 57 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer (Bu. of P.&Engrav)
10b. KIND OF BUSINESS OR INDUSTRY -
11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas Rooney
14. MOTHER'S MAIDEN NAME Rebecca Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 179-05-2490
17. INFORMANT Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs. 9 mos.

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1948, to Mar. 16, 1949, that I last saw the deceased alive on Mar. 15, 1949 and that death occurred at 3.40 A.m., from the causes and on the date stated above.

SIGNATURE Daniel Lee Finiscare (Degree or title) M.D. ADDRESS Glenn Dale Md DATE SIGNED 3/16/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE Mar 16, 1949
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) to Washington, D.C.

DATE REC'D BY LOCAL REG. Mar. 16, 1949
REGISTRAR'S SIGNATURE Rowland S. Philips
24. FUNERAL DIRECTOR The S. H. Hines Co. ADDRESS 2901-14th St. N.W.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

RECEIVED
MAR 23 1949
BUREAU V. S.

02947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH — COUNTY: Prince Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Upper Marlboro.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) REVERDY (Middle) (Last) SASSCER
4. DATE OF DEATH (Month) Mar. (Day) 28 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Nov 7, 1874
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Physician
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Frederick Sasscer
14. MOTHER'S MAIDEN NAME: Rosalie Ghiselin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mary B Sasscer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Arteriosclerosis, generalized, severe — 15 yrs

61 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — 12 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to Mar, 1949, that I last saw the deceased alive on 29 Mar, 1949, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE: Robert B Sasscer — (Degree or title): MD — ADDRESS: Upper Marlboro Md — DATE SIGNED: 29 Mar 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: March 30, 1949 — NAME OF CEMETERY OR CREMATORY: Trinity Episcopal — LOCATION (City, town, or county) (State): Upper Marlboro, Maryland

DATE REC'D BY LOCAL REG.: March 29, 1949 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: Ritchie Bros. — ADDRESS: Upper Marlboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 31 1949
BUREAU V. S.

02948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 230

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Berwyn
LENGTH OF STAY (in this place): 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8207-50th ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Same as 1.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Marcus Frasier Sauls Sr.
4. DATE OF DEATH (Month) (Day) (Year): Mar. 13 1949
5. SEX: M
6. COLOR OR RACE: W
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify) Wid
8. DATE OF BIRTH: Aug 28, 1889
9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Printer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Gov't.
11. BIRTHPLACE (State or foreign country): Walterboro, S. Car.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: James Sauls
14. MOTHER'S MAIDEN NAME: Emma Longdale
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 241-09-9340
17. INFORMANT: Mrs Essie Lee Sauls.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151 Immediate cause (a) Carcinoma of Stomach with Metastases — INTERVAL BETWEEN ONSET AND DEATH: 1 year

Antecedent cause(s)

46 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov. 1948.
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of stomach with metastases Inoperable.
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Mar 13, 1949, that I last saw the deceased alive on Mar 11, 1949, and that death occurred at 8 45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. W Malen M.D. — ADDRESS: — DATE SIGNED: Mar 13, 1949.

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify): Burial — DATE: Mar 16. 1949 — NAME OF CEMETERY OR ~~CREMATORY~~: Ft Lincoln — LOCATION (City, town, or county): Colmar Manor — (State): Md

DATE REC'D BY LOCAL REG.: 3/15/49 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: F. Gasch's sons — ADDRESS: Hyattsville Md

John D. Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 18 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF AGE IS ON:

FILM No. 0 119 MAR 22 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02949

Reg. Dist. No. 445

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 11 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5319 Greenway Drive

3. NAME OF DECEASED (Type or Print) (First) Minnie (Middle) (Last) Schoenbauer

4. DATE OF DEATH (Month) 3 (Day) 13 (Year) 1949

5. SEX female

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Oct 14, 1869

9. AGE last birthday 79 ~~80~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Austria

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY No. none

17. INFORMANT Miss Clara Schoenbauer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Accident

443 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease.

(c)

INTERVAL BETWEEN ONSET AND DEATH

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1938, to March 13, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 3:30 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Hyattsville, Md 3-15-49.

23. BURIAL, CREMATION REMOVAL, (Specify) Burial

DATE THEREOF 3/16/49

NAME OF CEMETERY OR CREMATORY Ft. Olivet Cemetery

LOCATION (City, town, or county) Washington (State) D. C.

DATE REC'D BY LOCAL REG. March 15 1949

REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

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RECEIVED
MAR 17 1949
BUREAU U. S.

02950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park — LENGTH OF STAY (in this place): 4 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: College Park Maryland
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): 4702 Fordham Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Laura Matilda Sellman	4. DATE OF DEATH (Month) (Day) (Year): Mar 21 1949
5. SEX: female — 6. COLOR OR RACE: white — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed	8. DATE OF BIRTH: Sept 20, 1867 — 9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home — 10b. KIND OF BUSINESS OR INDUSTRY: own	11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Hamilton Crawford	14. MOTHER'S MAIDEN NAME: Sarah Thompson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no — 16. SOCIAL SECURITY NO.: -	17. INFORMANT: Robert Lee Sellman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Chronic Myocarditis	Several years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerosis	Several years
(c)	Senality	Several years

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): — - -	
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐ —	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from many years 19....., to March 21, 1949, that I last saw the deceased alive on March 19, 1949, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Allen Griffith	M.D	Berwyn. Md	

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: 3/23/49	NAME OF CEMETERY OR CREMATORY: St John's	LOCATION (City, town, or county) (State): Beltsville Maryland
DATE REC'D BY LOCAL REG.: Mar 21 1949	REGISTRAR'S SIGNATURE: James Severz	24. FUNERAL DIRECTOR: F. Gasch's Sons Hyattsville Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

02951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (In this place) 2 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Carmody Hills
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Hosp	STREET ADDRESS (If rural, give location) 508 – 74th Place –

3. NAME OF DECEASED (Type or Print)	(First) Dwight	(Middle)	(Last) Sherzey	4. DATE OF DEATH	(Month) Mar	(Day) 13	(Year) 1949
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Jan 19, 1947	9. AGE last birthday 2 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Washington D C	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Otto Sherzey		14. MOTHER'S MAIDEN NAME Isabel	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

340.1 Immediate cause (a) Pneumococcic Meningitis — 4 days.

Antecedent cause(s)

810 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3/13/49.	19b. MAJOR FINDINGS OF OPERATION Meningitis	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1949, to March 13, 1949, that I last saw the deceased alive on March 13, 1949, and that death occurred at 10 30 p m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Brainin	MD		3/13/49.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE March 14/49	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Washington D C
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR W. H. Chambers Co.	ADDRESS Riverdale Md.

March 14/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 15 1949
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02952

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:

County Prince Georges

City or town Hyattsville Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Hyattsville

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4214 Sheridan

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Eliza A Steinour

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Samuel Steinour

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 25 1859

8. AGE: Years 90 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Abbotstown Pa (Town, county, and state)

10. Usual occupation: Unemployed

11. Industry or business

FATHER

12. Name: Samuel Flemming

13. Birthplace: Pa

MOTHER

14. Maiden name: Emiley Heller

15. Birthplace: Pa

16. Informant: Harry Steinour

Address: 4214 - Sheridan Ave Park Hyattsville Md.

17. Gettysburg Pa (Burial, cremation, or removal. Which?) Date thereof: Mar 21 1949 (month) (day) (year)

Cemetery or crematory

Location: Gettysburg, Pa

18. Funeral director: Deal Funeral Home

Address: 4813 Georgia Ave. Washington D.C.

19. March 17 1949 (Date rec'd by registrar) James Sevy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-17 1949 at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1 1948 to March 17 1949 and that I last saw her alive on March 16 1949

Immediate cause of death: Cerebral Accident

Due to: Hypertensive Heart Disease

Due to:

Other conditions: 443 93d (Include pregnancy within 3 months of death)

DURATION

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: Alletz W D. M. D. or other

Address: Hyattsville Md Date signed 3-17-49

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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RECEIVED
MAR 19 1949
BUREAU V. S.

1/31" Ballatin
Dr Daitz

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02953

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Va. COUNTY Richmond
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Village
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Walter (Middle) (Last) Sydnor

4. DATE OF DEATH (Month) 3 (Day) 5 (Year) 1949 AM

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH July 7, 1883

9. AGE last birthday 65 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Richmond Co. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Napoleon B. Sydnor

14. MOTHER'S MAIDEN NAME Auretta Withers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT F. L. Sydnor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Sub-Arachnoid Hemorrhage

93d Antecedent cause(s) (b) Hypertensive Heart Disease

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-3, 1949 to 3-5, 1949, that I last saw the deceased alive on 3-4, 1949, and that death occurred at 7:10 A.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Hattiesburg Md 3-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial.

DATE March 7/49

NAME OF CEMETERY OR CREMATORY Tolusky, Va.

LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. March 5 1949

REGISTRAR'S SIGNATURE James Severy

24. FUNERAL DIRECTOR A. H. Jones ADDRESS Rainswood Va.

Amanda Downey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 9 1949
BUREAU U. S.

1948
65
1883

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02954

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brandywine
LENGTH OF STAY (in this place): 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brandywine
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Valerie (Middle) T (Last) Tyler

4. DATE OF DEATH: (Month) 3 (Day) 18 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 12/28/48

9. AGE last birthday: 0 yrs. If under 1 year: Months 2 Days 20 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Cora Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Lonece Pinkney

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia — Interval between onset and death:

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

924.0 (b) Smothering in bed clothing

182 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home

(CITY OR TOWN): Brandywine (COUNTY): P. G. (STATE): Md.

TIME OF INJURY (Month) 3 (Day) 18 (Year) (Hour) 1964.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Smothered in bed clothes

22. I hereby certify that I attended the deceased from [illegible] that I last saw the deceased alive on [illegible] and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): James D. Boyd — ADDRESS: Deputy Medical Examiner, Forestville, Md. — DATE SIGNED: 3/18/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 3/21/49 — NAME OF CEMETERY OR CREMATORY: Brewer Hill — LOCATION (City, town, or county) (State): Annapolis Md.

DATE REC'D BY LOCAL REG.: March 21 1949 — REGISTRAR'S SIGNATURE: R. Ernest Smith

24. FUNERAL DIRECTOR: J. B. Johnson — ADDRESS: Annapolis

VS. A15

RECEIVED
MAR 23 1949
BUREAU V. S.

02955

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Baby (Middle) (Last) Upfold
4. DATE OF DEATH (Month) Mar (Day) 15 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Feb 24, 1949
9. AGE last birthday yrs. If under 1 year Months. 1 year Days 19 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Henry Upfold
14. MOTHER'S MAIDEN NAME Louise Beall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Mrs. Louise Upfold

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

752 Immediate cause (a) Hydrocephalus - internal

Antecedent cause(s)

157a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 24, 1949, to March, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 6 45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas B. Chatham MD
ADDRESS College Park Md
DATE SIGNED 3/15/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar. 17, 1949
NAME OF CEMETERY OR CREMATORY Forestville ~~Mt. Hope~~ Edgehill
LOCATION (City, town, or county) Forestville (State) Md.

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Ritchie Bros. ADDRESS Upper Marlboro, Md.

March 15/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02956

Reg. Dist. No. 231

1. PLACE OF DEATH:

County: Prince George

City or town: Cheverly
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 26 days

Hospital, institution, or street address where death occurred: Prince George Hospital

How long in hospital or institution? 26 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Prince George

City or town: Accokeek, Md
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war: No

3. (a) FULL NAME: Van Sickler Mr John Edgar

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Katherine Van Sickler

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Oct 31, 1864

8. AGE: Years: 84 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Maryland
(Town, county, and state)

10. Usual occupation: Farmer

11. Industry or business

FATHER
12. Name: John Albert Van Sickler
13. Birthplace: Va

MOTHER
14. Maiden name: Phoebe Simpson
15. Birthplace: Va

16. Informant: William M Van Sickler
Address: Accokeek, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: March 16, 1949 (month) (day) (year)

Cemetery or crematory: Union Cemetery

Location: Leesburg, Va.

18. Funeral director: J William Lees Sons Co
Address: 300 - 4th St. N.E. Wash. D.C.

19. Mar 14 1949 Amanda Downey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3/13 1949, at 4 10 p M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/24 1949, to 3/13 1949 and that I last saw him alive on 3/13 1949

Immediate cause of death: Uremia
Bilateral pyelonephritis

Due to: Ca prostate, obstructive

Due to: 177

Other conditions: 51b
(Include pregnancy within 3 months of death)

DURATION

Major findings of operations ..... Date of op.

Autopsy results: As Above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE: George J. Hageage
M.D. or other

Address: 3717 - 38th Ave Date signed: 3/13/49

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAR 17 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

02957

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges Co. | STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eastpines
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 5701 67th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland | COUNTY: Pro Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Eastpines
STREET ADDRESS (If rural, give location): 5701 67th avenue,.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	Orton	Waikart	March	17,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Married	May 24, 1904	44 years				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ticket seller	Washington Terminal	Washington D. C.	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Harry O. Waikart	Maude Orton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no	718-14-9531	Frank W. Waikart.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral compression

442 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cerebral hemorrhage

131a (c) Cardio-vascular renal disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 5:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John D. Maloney M.D. Dep. Med. Examiner	Chevely-Hyattsville, Md	3-17-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Mar 19, 1949	Cedar Hill Cemetery	Suitland Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
March 18, 1949	James Sercy	F. Gasch's Sons	Hyattsville Md.

RECEIVED
MAR 19 1949
BUREAU V. S.

Evidence for addition of #19a&b, 21 on:

02958

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 120 APR 27 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George County MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beltsville
STREET ADDRESS (If rural give location) Mother Jones Nursing Home

3. NAME OF DECEASED (Type or Print) (First) Carrie (Middle) (Last) Whittle

4. DATE OF DEATH (Month) March (Day) 8 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH Nov. 16, 1863
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Howard County, Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas E Brown
14. MOTHER'S MAIDEN NAME Caroline Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT chart

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Dilatation -	
903.7 Antecedent cause(s)		
186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension - Myocarditis -	
	(c) Fractured Humerus	6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) Acc.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Mother Jones Home
(CITY OR TOWN) Hyattsville (COUNTY) (STATE) Md
TIME OF INJURY (Month) Mar. (Day) (Year) 1949 (Hour) - m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Fell over bed (4/26/49 S.)

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 4 45 A.M. m., from the causes and on the date stated above.

SIGNATURE N B Howard (Degree or title) ADDRESS [signature] DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Mar. 11, 1949
NAME OF CEMETERY OR CREMATORY Union Cemetery, Burtonsville
LOCATION (City, town, or county) Montgomery Co. (State) Md

DATE REC'D BY LOCAL REG. March 10, 1949
REGISTRAR'S SIGNATURE James Sevey
24. FUNERAL DIRECTOR Ridgley Selby
ADDRESS 401 Washington Blvd Laurel, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
MAR 12 1949
BUREAU V. S.

02959

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH · COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY A.A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Maryland — LENGTH OF STAY (in this place) 3 hrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1800 Lancing Rd.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George Gen. Hosp.	STREET ADDRESS (If rural, give location) Glen Burnie ✓

3. NAME OF DECEASED (Type or Print) (3) ~~(First)~~ Woodward, ~~(Middle)~~ ~~Baby Boy~~ (1) ~~(Last)~~ (2) Ross Chappel

4. DATE OF DEATH (Month) March (Day) 19 (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months.	Days	If under 24 hrs. Hours	Min.
M	W	N. Born	March 18, 1949	yrs.		1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Woodward, Elwyn Chappel	Hall, Ethel Trantzle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumotherapy

776 Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March 18, 1949, to March 19, 1949, that I last saw the deceased alive on ....., 19....., and that death occurred at 1:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Hyattsville, Md 3-15-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	3/23/49	Prince George's General Hospital	Cheverly	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3/24/49	Amanda Downey	A. K. Besley, Supt.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02960

CERTIFICATE OF DEATH

Reg. Diat. No. 237

1. PLACE OF DEATH:

County: Pr. Georges

City or town: Aquasco, Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 88 yrs.

Hospital, institution, or street address where death occurred: Aquasco

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Aquasco

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war: No

3.(a) FULL NAME: Margaret Virginia Young

3.(b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W.	Widowed

6.(b) Name of husband or wife: Joseph H. Young

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 5, 1861

8. AGE:

Years	Months	Days	If less than one day
88	—	3	... hrs. ... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: At Home

11. Industry or business

FATHER — 12. Name: John A. Gibbons

13. Birthplace: Maryland

MOTHER — 14. Maiden name: Margaret Ann Richardson

15. Birthplace: Maryland

16. Informant: Mrs. Florence Y. Jones

Address: Aquasco, Maryland

17. Burial (Burial, cremation, or removal, Which?) Date thereof: Mar. 10, 1949 (month) (day) (year)

Cemetery or crematory: St. Marys Church Cem.

Location: Aquasco, Md.

18. Funeral director: Ritchie Bros.

Address: Upper Marlboro, Maryland.

19. Mch 8 (Date rec'd by registrar) 1949 Mrs. Henry B. Carter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 8 19 49 at 8 1 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 19 47 to March 19 49 and that I last saw h... alive on March 7, 1949 19...

Immediate cause of death	DURATION
Cerebral anemia	
Due to: arteriosclerosis generalized	
Due to: /	
Other conditions: /	

450.0

97

(Include pregnancy within 3 months of death)

Major findings of operations: /

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Alfred R Lapin, M.D. M. D. or other

Address: Aquasco, Md. Date signed: March 8 1949

VS-A15 9-45-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

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MAR 11 1949
BUREAU OF